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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	60578-0154
First Inventor or Application Identifier	
Ditch et al.	
Title	Tie Down For Wheelchairs
Express Mail Label No.	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 16]
(preferred arrangement set forth below) | 6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) |
| - Descriptive title of the Invention | a. <input type="checkbox"/> Computer Readable Copy |
| - Cross References to Related Applications | b. <input type="checkbox"/> Paper Copy (identical to computer copy) |
| - Statement Regarding Fed sponsored R & D | c. <input type="checkbox"/> Statement verifying identity of above copies |
| - Reference to Microfiche Appendix | |
| - Background of the Invention | |
| - Brief Summary of the Invention | |
| - Brief Description of the Drawings (if filed) | |
| - Detailed Description | |
| - Claim(s) | |
| - Abstract of the Disclosure | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7] | |
| 4. Oath or Declaration [Total Pages 23] | |
| a. <input type="checkbox"/> Newly executed (original or copy) | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed) | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of
(when there is an assignee) <input type="checkbox"/> Attorney |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| | 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS
Citations |
| | 11. <input checked="" type="checkbox"/> Preliminary Amendment |
| | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) |
| | 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,
(PTO/SB-09-12) Status still proper and desired |
| | 14. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| | 15. <input type="checkbox"/> Other: copy of Assignments
.from.prior.application..... |

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: 08 905.532Prior application information: Examiner **Gordon** Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)				or <input type="checkbox"/> Correspondence address below
Name	Conrad J. Clark				
Dickinson Wright PLLC					
Address	1901 L Street, NW				
Suite 800		City Washington	State DC	Zip Code 20036	
Country USA		Telephone 202-457-0160	Fax 202-659-1559		

Name (Print/Type)	Conrad Jo Clark	Registration No. (Attorney/Agent)	30,340
Signature	<i>Conrad Jo Clark</i>		Date 01/27/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

*Patent fees are subject to annual revision on October 1.**These are the fees effective October 1, 1997.**Small Entity payments must be supported by a small entity statement; otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.***TOTAL AMOUNT OF PAYMENT** (\$ 838.00)

Complete if Known	
Application Number	Div. of US 08/905,532
Filing Date	January 27, 1999
First Named Inventor	Ditch et al.
Examiner Name	Gordon
Group / Art Unit	
Attorney Docket No.	60578-0154

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **04-1061**
 Deposit Account Name **Dickinson Wright PLLC**

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	760.00
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1) (\$)				760.00	

2. EXTRA CLAIM FEES

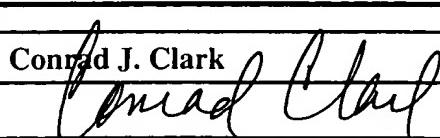
Total Claims	Extra Claims	Fee from below	Fee Paid
11	-20** = 0	X	0.00
Independent Claims	4	-3** = 1	X _____ = 78.00
Multiple Dependent			= _____

**or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	** Reissue independent claims over original patent
110	22	210	11	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)				78.00

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1,510	218	755	Extension for reply within fourth month	
128	2,060	228	1,030	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)	

SUBMITTED BYTyped or Printed Name **Conrad J. Clark**Signature 

Complete (if applicable)

Reg. Number **30,340**

Deposit Account User ID

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